

## Chief Executive's Report

November 2020

### 1.0 Introduction

- 1.1 This report provides a brief summary of the key priorities the Executive Team and operational teams have been focused on, much of which is summarised in a number of reports presented to the Board this month.

### 2.0 NHS Phase 3 Response to Covid-19 and Winter planning

- 2.1 We are in Phase 3 of the NHS's response to Covid-19 and are in the process of restoring some of the non-Covid-19 urgent services that were temporarily paused. The Winter period is forecast to see a rise in urgent care demand, with associated capacity challenges across both sites for unscheduled care and with the potential impact on scheduled care. It is important that the system works well together as a team in order that we can provide a joined up approach to deliver the Winter Plan and ensure provision of services for the population we serve together. As advised, further detail on the NHS Phase 3 response to Covid-19 and the Winter Plan will be provided in the Chief Operating Officer's report.

### 3.0 Strategic and Other Issues

- 3.1 Following the refresh of our Vision and Values, colleagues are now working to discuss how they can be used to shape the behaviours both within their teams and across the organisation as a whole.
- 3.2 To further support delivery of the Trust's Quality Improvement Plan, we recently welcomed our new Improvement Team, supported through funding from NHS England and NHS Improvement. They will be co-ordinated by the Trust's Improvement Director, Suzanne Rostron, who is part of my team. The Improvement team will support the delivery of the key objectives within our 'Getting to Good' programme, while coaching and developing staff to deliver sustained change.
- 3.3 As of 16 October 2020, the Trust had completed 87% of the actions included in the Quality Improvement Plan. October has seen us move into Phase Two of the programme, which will continue to focus on themes of improvement including; how we reduce avoidable harm to patients from falls; pressure ulcers and medication errors; how we recognise and respond to our most acutely unwell patients; and how we support our most vulnerable patient groups.
- 3.4 Improving the culture across our organisation is a key element of our improvement journey. We have been reviewing our leadership programme delivery, building on what has worked well and refining our offer using evidence and best practice to develop courses and modules which meet the development

needs of our staff whilst cultivating a spirit of openness, continuous learning transparency and collaboration. We will soon be launching our Care Group Development Programme, designed specifically to meet the needs of our senior clinical and non-clinical decision makers.

- 3.5 As the Board of Directors are aware, the Trust continues to work with Donna Ockenden, (Chair of the SaTH Independent Maternity Review - IMR) to support the review currently under way.
- 3.6 We continue to take steps to improve the quality of care for patients across all our services. In particular, a quality and performance improvement programme has begun, building on previous improvement work, supported by the Emergency Care Intensive Support Team (ECIST), to enhance escalation processes and flow.
- 3.7 Nearly 2,000 of our colleagues (29% of staff at week 3) have had their flu vaccination as part of the Trust's DriveFlu campaign. It is really important to have the vaccination which will protect yourselves, your families, colleagues and patients. This year, due to COVID-19 restrictions, colleagues are being invited to book an appointment for a flu jab.
- 3.8 Our first COVID-19 positive patient has been treated with Synthetic Monoclonal Antibodies as part of the national recovery trial to identify treatments for the virus. The treatment involves administering the antibodies to the patient and monitoring any impact on their recovery. Thank you to our teams from our colleagues in pharmacy, respiratory, research and critical care.
- 3.9 The Trust is pleased to have been allocated up to £143,000 by NHS Charities Together, from the fund supported by Captain Sir Tom Moore and his walk for the NHS for Phase 3 – the Covid-19 recovery stage. The application process is now open for bids to support our recovery plan and we have asked colleagues for their suggestions on what projects they believe the money could support.
- 3.10 A total of 52 people have attended Public Participate Strategy workshops. The first stage of our engagement programme designed to gather information for a public survey to go out in November, 2020.

#### **4.0 Digital**

- 4.1 Our Virtual Fracture Clinic has taken a nationally recognised model of trauma care and applied it to the geographical challenges of providing healthcare in Shropshire, Telford & Wrekin and Mid Wales. The new clinic format focuses on improving accessibility and convenience for patients by minimising the number of hospital visits. Key highlights include: 6 out of every 10 patients are now being reviewed virtually while 3 out of every 10 patients needing fracture clinic access are being managed virtually with no face-to-face follow-ups necessary.

4.2 We continue to trial 'Attend Anywhere' video clinics to ensure patients receive a quality experience, ahead of a Trust-wide rollout.

## **5.0 Conclusion**

5.1 The Board of Directors are asked to note this report. Of particular importance is the work we are undertaking on patient safety, quality, Winter planning and the Phase 3 Response to the pandemic which we shall cover in more detail in the Chief Operating Officer's report.